

# Notice of Nondiscrimination

Discrimination is against the law.

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation).

We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids, or language assistance services free of charge, please call the customer service toll-free number listed on the back of your Member ID card.

If you believe that HealthSpring has failed to provide any of these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**HealthSpring**

Attn: Office of Civil Rights Coordinator  
300 E. Randolph St., 35th Floor  
Chicago, IL 60601

Phone: **1-855-664-7270 (voicemail)**

TTY/TDD: **1-855-661-6965**

Fax: **1-855-661-6960**

You can file a grievance by phone, mail or fax. If you need help filing a grievance, please call the customer service toll-free number listed on the back of your Member ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

**U.S. Department of Health and Human Services**  
200 Independence Avenue, SW,  
Room 509F,  
HHH Building  
Washington, DC 20201

**1-800-368-1019, 1-800-537-7697 (TDD)**

Complaint forms are available at: **<http://www.hhs.gov/ocr/office/file/index.html>**

